PART B-ISSUE FEE TRANSMIT I AL

Complete and mail this orm, together with appropriate fees, to:

Box ISSUE FEE
Assistant Commissioner for Pat
Washington, D.C. 20231

B#

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be compared where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advantage and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: The certificate of mailing below can only be used for domestic (mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

020350

QM02/0128

TOWNSEND AND TOWNSEND AND CREW LLP
TWO EMBARCADERO CENTER

EIGHTH FLOOR

SAN FRANCISCO CA 94111

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Janet	Byrne
-------	-------

(Depositor's name)

March 28 2000

(Signature)

(Date) **EXAMINER AND GROUP ART UNIT** APPLICATION NO. FILING DATE **TOTAL CLAIMS DATE MAILED** 09/154,930 09/17/98 040 NGUYEN. T 3751 01/28/00 First Named STOUT. 35 USC 154(b) term ext. = **Applicant** 0 Days.

INTLE OF BOWER FILLING APPARATUS AND METHODS FOR THEIR USE POWDER

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE		SMALL ENTITY	FEE DUE	DATE DUE		
3 15225-003	010 141-018	.000 H	139 UT]	[LI	TY NO	\$1210.0	04/28/00		
Use of PTO form(s) and Customer Number are recommended, but not required. (1) the attorner Change of correspondence Address form PTO/SB/122) attached. (1) the attorner the nar member and the and the attorner indication form PTO/SB/47) attached.					inting on the patent front page, list ames of up to 3 registered patent or agents OR, alternatively, (2) e of a single firm (having as a a registered attorney or agent) names of up to 2 registered patent or agents. If no name is listed, no lbe printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for filling an assignment. (A) NAME OF ASSIGNEE Inhale Therapeutic Systems (B) RESIDENCE: (CITY & STATE OR COUNTRY) San Carlos, CA Please check the appropriate assignee category indicated below (will not be printed on the patent) individual XX corporation on other private group entity government				D Inquis Equ					
The COMMISSIONER OF PATENTS	AND TRADEMARKS IS reques	sted to apply the I	ssue Fee to the ap			.,,			
(Authorized Signature)	/ /)	(Dat				-			
Darin J. Gibby, Reg.	No. 38,464	3/	28/60						
NOTE; The Issue Fee will not be acce or agent; or the assignee or other part Trademark Office.									
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231			04/04/2000 SLUANG3 00000092 201430 09154930 01 FC:142 1210.00 CH 02 FC:561 30.00 CH						
Under the Paperwork Reduction Ac of information unless it displays a v		uired to respond	to a collection						



Box ISSUE FEE
Assistant Commissioner for Patr
Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

1 hereby control of the United U

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)

					a	nil Byine	(Signature)	
	· · · · · · · · · · · · · · · · · · ·	·			March 2	8, 2000 X	(Date)	
APP	LICATION NO.	FILING DATE	TOTAL CLAIMS		EXAMINER AND	GROUP ART UNIT	DATE MAILED	
	09/154,930	09/17/98	040	NG	JYEN, T	3751	01/28/00	
First Named Applicant	STOUT,		35 U	ys.				

INVENTION FOR FILLING APPARATUS AND METHODS FOR THEIR USE

ATTTS DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. ITPE		SMALL ENTITY	FEE DUE	DATEDUE	
3 15225-00	3010 141-018	.000 H	39 UTI	LI	TY NO	\$1210.0	0 04/28/00	
Use of PTO form(s) and Customer Number are recommended, but not required. (a Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (a the second of the				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Townsend and Townsend and Crew LLP 2 2				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for filling an assignment. (A) NAME OF ASSIGNEE Inhale Therapeutic Systems (B) RESIDENCE: (CITY & STATE OR COUNTRY) San Carlos, CA					Issue Fee			
Please check the appropriate assignee calegory indicated below (will not be printed on the patent) individual XX corporation on other private group entity government				(ENCLOSE AN EXTRA COPY OF THIS FORM) XX Issue Fee xx Advance Order - # of Copies 10				
The COMMISSIONER OF PATENT	S AND TRADEMARKS IS reques	sted to apply the Is	sue Fee to the ap	plicati	ion identified above.			
(Authorized Signature) Darin J. Gibby, Reg NOTE; The Issue Fee will not be: 0 or agent; or the assignee or other	. No. 38,464	(Date 3/ _c)		٠.			DA 201430	
Burden Hour Statement: This for depending on the needs of the in- to complete this form should be Office, Washington, D.C. 20231. ADDRESS. SEND FEES AND T Patents, Washington D.C. 20231	rm is estimated to take 0.2 hor dividual case. Any comments sent to the Chief Information (DO NOT SEND FEES OR CO THIS FORM TO: Box Issue Fe	urs to complete. on the amount of Officer, Patent ar OMPLETED FOR	Time will vary time required nd Trademark RMS TO THIS		\$30.00 04 /		DA 201430	
Under the Paperwork Reduction of information unless it displays a		uired to respond	to a collection					